

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massac		-1			
Fill in	Reporting Period dates:  RECEIVED	8/8/18	Ending Date:	City or Town Clerk	or Election Commi
Type o	f Report: (Check one)	*** * **** * * * *** * * * * * * * * *			
	lay preceding preliminary 8th day preceding election	ion 🔀 30 da	y after election year	ar-end report	dissolution
	Candidate Full Name (if applicable)  Office Sought and District	S	Seraphina 1	tee Name  McLeav  mittee Treasurer	10015
		Po	O	SUNCh N	1A 0193
E-mail:	Residential Address		Committee M	ailing Address	
Phone # (or	ptional):	E-mail:Phone # (	Seraphima (e	Deomeo	ist net
	SUMMARY BALA	ANCE INFO	RMATION:		
	Line 1: Ending Balance from previous report			1656.46	minima na manana
	Line 2: Total receipts this period (page 3, line	211)		360.00	
	Line 3: Subtotal (line 1 plus line 2)			016.46	•
	Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4)		#20	996.75	
			\$	19.71	
	Line 6: Total in-kind contributions this period	(page 6)	\$2	00.00	MODIFICACIONAL PARAMENTA PARAMENTA
	Line 7: Total (all) outstanding liabilities (page	7)		0.06	
MAAAAAAAAA walk	Line 8: Name of bank(s) used:	stitution	for Savings		
ertify that I tivity, includence activity	have examined this report including attached schedules and it is, to the ding all contributions, loans, receipts, expenditures, disbursements, in-key of all persons acting under the authority or on behalf of this committee the penalties of perjury:	e in accordance with	ige and belief, a true and completed liabilities for this reporting perion the requirements of M.G.L. c. 5  (Treasurer's signature)	e statement of all ca iod and represents the S. Date:	mpaign finance ne campaign
Candidate I certify the activity, of incurred a	DIDATE FILINGS ONLY: Affidavit of Candidate: (check is the with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee in my liabilities nor made any expenditures on my behalf during this report	the best of my known accordance with thing period.		iplete statement of a	ill campaign finance
Candidate I certify the finance ac	e without Committee OR Candidate with independent activity filing nat I have examined this report including attached schedules and it is, to tivity, including contributions, loans, receipts, expenditures, disburseme finance activity of all persons acting under the authority or on behalf of	g separate report the best of my know	wledge and belief, a true and com utions and liabilities for this report accordance with the requirements	plete statement of a rting period and rep of M.G.L. c. 55.	Il campaign resents the
	the penalties of perjury:			Date:	
			(Candidate's signature)	***************************************	

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Please include your committee name and a Name and Residential Address	page number on co	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/5/18	Any + Jacob Borgman 27 Northgate Rd Fpswich	\$200	Self employeed REI
Stil18	Anne Carroll 24 Estes St. Foswich	\$60	
5/4/18	Janet Craft 62 East St Ipswich	\$75	
5/14/18	Ashley King 208 Argilla Rd Ipswich	\$600	zeit cumployeed
5/17/18	Kimberley Mavroides 9 Poplar St Ipswich	\$1200	self employeed
5/14/18	Seraphina Melean 29 Woods Ln	\$100	
2/2/18	Dorothy Monnelley 198 Argilla Rd Ipswich	\$100	
	·		
ine 9: Total Receip	ots over \$50 (or listed above)	1335,00	
ine 10: Total Recei	pts \$50 and under* (not listed above)	\$25.00	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	\$1360.00	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			1 2018 JUN 13 P 2: 38
			RECEIVED TOWN OLERK
e 9: Total Receipts o	ver \$50 (or listed above)	Annual Contraction	
	50 and under* (not listed above)		
e 11: TOTAL RECE	ots of \$50 and under, include them in line 9.	<b>***</b>	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/2ali8	Hackett Creative	232 Argilla Rd Ipswich	Video	\$600 R
S/Zali8	Shawmut Communications	33 Chevry Hill Dr Danvers MA 01923	Town Wide mailer	\$1820
2/8/18	Staples	301 Newbury St Danvers MA 01933	handout	\$576.75
		New (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
	,			
The second secon		ine 12: Total Expenditures over	r \$50 (or listed above)	
	granus and a second a second and a second an	Line 13: Total Expenditures \$50		
	Enter on page 1, line 4 → I	ine 14: TOTAL EXPENDITU	RES IN THE PERIOD	\$2996.75

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			12018 JUN 13 F	2: 38
			RECEIVE TOWN CL	
	,			
		Line 12: Expenditures over \$50		
	l l	Line 13: Expenditures \$50 and u	nder* (not listed above)	
		Line 14: TOTAL EXPENDITU		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Veleo
3/8/18	Tim Goodrich	33 High St Ipswich	difference of Stephes bill Pochaga	15 \$200
JYNA	The state of the s	Line 15: In-Kind Contributions o	ver \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above			
	Enter on page 1, line 6 → ution is received from a person w	Line 17: TOTAL IN-KIND COI	NTRIBUTIONS	\$200

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amoun
			1 2018 JUN 13 P 2: 3	8 1
			TOWN CLERK	
	Enter on page 1, line 7 → L	ine 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	0.00

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